Vol. 18 June 2004

MaineCare Health Care for Maine People UPDATE

# Managed Care Update

***The Bureau of Medical Services uses a variety of methods to accomplish the goals of MaineCare managed care. MaineCare managed care strives to provide optimum access and quality of care for all MaineCare managed care members. Many quality projects are underway to promote and deliver the best care possible from our Primary Care Provider (PCP) sites.***

The MaineCare member eligibility for the mandatory managed care continues to include the following eligibility categories: (MaineCare Benefits Manual Chapter VI, Section 1, 1.07-1 Requirements for Participation)

- TANF = Temporary Assistance for Needy Families – Adults and Children;
- Children under the age of twenty-one (21); parents of children under age eighteen (18) who receive MaineCare; pregnant women; and those members eligible for transitional MaineCare;
- Women who have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Title XV Program and are found to need treatment for breast or cervical cancer, including pre-cancerous conditions, as defined in Section 2150.03 of the MaineCare Eligibility Manual;
- Adults, ages 21through 64, who do not have children or do not have children under age 18 living with them and are at or below 100% of the federal poverty level;
- Individuals who fall within the eligibility categories noted above who are:
  - Alaskan Natives or Native Americans who are members of Federally recognized tribes;
  - Cub Care Children and their parents.

### *Population*

There are approximately 150,250 MaineCare members statewide currently enrolled in managed care, representing approximately 63% of the MaineCare population. MaineCare managed care has over 1,294 health care providers serving as Primary Care Providers (PCP) in over 461 sites. MaineCare managed care operates under a State Plan Amendment approved by the Centers for Medicare and Medicaid Services (CMS).

### *Primary Care Providers (PCP)*

PCP's enrolled in MaineCare managed care agree to provide comprehensive primary care services, patient program education, authorize referrals for necessary specialty services, and provide or arrange 24/7 coverage for non-emergent care to MaineCare managed care members enrolled on their site patient panels.

Participating PCPs include Physicians (MD/DO), Physician Assistants and Nurse Practitioners.

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# MaineCare Prior Authorization Process

Some services and procedures require prior authorization for MaineCare to provide payment. MaineCare lists all procedures, the amount paid for the service, and whether the procedure requires prior authorization on the Bureau of Medical Services (BMS) website. When new procedure codes are added to MaineCare reimbursement, MaineCare requires prior authorization. Only some of the categories of procedures requiring prior authorization are detailed in the MaineCare Benefits Manual, Chapter II & III, Section 90 Physician Services. **Providers are responsible for checking each procedure on the BMS website or by contacting the MaineCare Provider Relations Unit to determine whether the service is covered and/or if the service requires prior authorization.**

NOTE—MaineCare Prior Authorization is a separate process from the MaineCare referral form that primary care provider sites use if the patient is enrolled in managed care. Some MaineCare services require both a referral from the PCP *and* a prior authorization. (See MaineCare Managed Care Managed Services).

*Providers may access the Bureau of Medical Services via the following methods:*

http://www.maine.gov/bms

Chapter II & III ~ Section 90
Physician Services
MaineCare Division of Policy & Provider Services
1-800-351-5557, Opt. 9 or 207-287-3094

*Providers may also contact:*
MaineCarePriorAuthorization Unit
1-800-351-5557, Opt. 5 or 207-287-2033

**Maine Department of Human Services**
John R. Nicholas, Commissioner • Bureau of Medical Services • Division of Health Care Management & Member Services
11 State House Station, Augusta, Maine 04333 • 800-566-3818 • TTY/TDD 800-423-4331
*To receive this newsletter by mail, contact Health Care Management Unit at 207-287-8820*

# Think TB

*Provider Fact Sheet*

The Maine Bureau of Health urges health-care providers to "Think TB" when evaluating potential high-risk persons such as:

- Foreign-born from TB endemic areas
- Residents of long-term care facilities
- Homeless or incarcerated persons
- Those with or at risk for HIV infection
- Close contacts of persons with TB
- Injection drug users

### *Diagnosis of Latent Tuberculosis Infection*

• Background. In most U.S. populations, screening for TB is done to identify infected persons at high risk for TB disease who would benefit from treatment of TB latent infection and to identify persons with TB disease who need treatment. Screening should be done in groups for which rates of TB are substantially higher than for the general population. Clinicians should tuberculin test high-risk persons as part of their routine evaluation. Institutional screening is recommended for the staff of health care facilities, as well as for the staff and residents of long-term care institutions where TB cases are found or the case rates of TB are high. The Mantoux tuberculin skin test is the preferred method of screening for TB infection.

• Tuberculin Skin Test. The Mantoux tuberculin skin test (TST) is used to determine whether a person is infected with Mycobacterium tuberculosis. Tuberculin skin testing is contraindicated only for persons who have had a necrotic or a severe allergic reaction to a previous tuberculin skin test. It is not contraindicated for any other persons, including infants, children, pregnant women, persons who are HIV infected, or persons who have been vaccinated with BCG. The Mantoux tuberculin skin test is the standard method of identifying persons infected with M. tuberculosis. Multiple puncture tests (MPTs) should not be used to determine whether a person is infected.

• Administering the Tuberculin Skin Test. The Mantoux tuberculin test is performed by placing an intradermal injection of 0.1ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) into the inner surface of the forearm. The injection should be made with a disposable tuberculin syringe, just beneath the surface of the skin, with the needle bevel facing upward. This should produce a discrete, pale elevation of the skin (a wheal) 6 mm to 10 mm in diameter. Institutional guidelines regarding universal precautions for infection control (e.g., the use of gloves) should be followed.

• Interpreting Skin Test Results. A trained health care worker should read the reaction to the Mantoux tuberculin skin test 48 to 72 hours after the injection. The reading should be based on a measurement of induration (swelling), not on erythema, or redness. The diameter of the induration should be measured perpendicularly to the long axis of the forearm. All reactions, even those classified as negative, should be recorded in millimeters. Some persons who have positive skin test results may have TB disease. The possibility of TB disease must be ruled out before treatment of latent TB infection is begun.

• False Positive & Negative Reactions. The Mantoux tuberculin skin test is a valuable tool, but it is not perfect. False-positive and negative reactions do occur. There is no sure way to determine the true cause of the reaction.

### *Diagnosis of Tuberculosis Disease*

• When to Suspect Tuberculosis (TB). The symptoms of pulmonary TB include cough, chest pain, and hemoptysis; the specific symptoms of extrapulmonary TB depend on the site of disease. Systemic symptoms consistent with TB also include fever, chills, night sweats, easy fatigability, loss of appetite, and weight loss. TB should be considered in persons who have these symptoms. Persons suspected of having TB should be referred for a complete medical evaluation, which should include a medical history, a physical examination, a Mantoux tuberculin skin test, a chest radiograph, and any appropriate bacteriologic or histologic examinations. A positive bacteriologic culture for M. tuberculosis confirms the diagnosis of TB. However, if TB disease is not ruled out, treatment should be considered. Please report all suspect and confirmed cases of TB to the Maine TB Control Office.

• Diagnostic Laboratory Tests. The presence of acid-fast bacilli (AFB) on a sputum smear often indicates TB. Acid-fast microscopy is easy and quick, but it does not confirm a diagnosis of TB because some acid-fast bacilli are not M. tuberculosis. Therefore, a culture is done to confirm the diagnosis. Culture examinations should be done on all specimens, regardless of AFB smear results. Treatment should not be initiated until specimens have been submitted to the laboratory. Laboratories should report positive smears and positive cultures within 24 hours by telephone or fax to the primary health care provider and the TB control program. For all patients, the initial M. tuberculosis isolate should be tested for drug resistance. It is crucial to identify drug resistance as early as possible in order to ensure appropriate treatment. For this reason, we require all laboratories to submit clinical isolates of M. tuberculosis to the Maine Health and Environmental Testing Laboratory (287-2727) for drug susceptibility testing.

### *Who to call and why...*

To report a suspect laboratory & clinical TB case, contact the State of Maine TB Control Office at 1-800-821-5821 or (207) 287-5194.

• For clinical consultation: Because of the potential pubic health implications of a patient who receives inadequate or suboptimal therapy, the Maine TB Control Office, Bureau of Health, provides comprehensive services for persons with confirmed or suspect TB. These services are free to you and your patient, and include the following:

• Laboratory services for smear, culture and susceptibility studies.

• Medication for patients with disease.

• Referral for HIV Testing. HIV Testing is recommended for all TB suspects/cases by the CDC's TB Surveillance and Prevention Program and the American Thoracic Society.

• Directly Observed Therapy by Public Health Nurse for patients with disease.

• Treatment of TB latent infection (e.g. INH) for infected individuals.

• Public health nursing services to ensure follow-up of patients being treated for TB; delivery of medications; assistance with contact screening investigations etc.

• Educational materials for the primary care physician including CDC/ATS national guidelines on treatment.

If your patient, who is suspect or diagnosed TB disease, does not have access to third party insurance and is unable to pay for TB follow-up services, the TB Control Office in the Bureau of Health will provide resources for TB clinic services to a TB suspect or case at any one of the six state tuberculosis clinics located statewide.

*For more information, contact the Maine TB Control Office in Augusta at 1-800-821-5821 or (207) 287-5194 or visit the Maine Bureau of Health's Division of Disease Control website at http://www.mainepublichealth.gov*

## BMS Website

The revised BMS website is up and running!

***http://www.maine.gov/bms/***

In this website you will have access to many points of interest such as:

- Search capability,
- Link to MECMS (Maine Claims Management System),
- Prominent display of commonly-use links,
- Hot news items & features with descriptions,
- Prominent Help link,
- More complete contact list, including partner agencies,
- Easier navigation to extended information,
- Provider specific information such as:
- MaineCare Billing instructions
- MaineCare Prior Authorization
- MaineCare Forms
- MaineCare PCPIP Newsletters (Primary Care Provider Incentive Program)
- Much, much, more!

# The Impact of Chronic Diseases on our Healthcare System

In recent years there has been increasing attention to the treatment and outcomes of persons with chronic diseases. Why the interest in chronic diseases? Nationally, chronic diseases account for a disproportionately large portion of healthcare resources. The personal and societal costs of this problem are staggering. Seventy-eight percent of all medical costs are for people with chronic conditions. Spending on people with chronic conditions is projected to double between 2000 and 2010. In 1999 at least 7.4 million working age Americans with chronic conditions lacked health insurance. Over 45 percent of health care expenditures for non-elderly employees are for people with three or more chronic conditions. Mortality statistics show the human impact of chronic diseases, in Maine about 70% of people die from only four diseases; cancer, cardiovascular diseases, chronic lung disease, and diabetes mellitus. These also account for a good deal of the disability experienced by Mainers each year. The burden of morbidity and mortality associated with these conditions totaled almost $2.5 billion in Maine in 1999. *Maine Bureau of Health, Department of Human Services. Healthy Maine 2010: Longer and Healthier Lives. December 2002*

### The Chronic Care Model:

An organizational approach to caring for people with chronic disease in a primary care setting. The system is population-based and creates practical, supportive, evidenced-based interactions between an informed, activated patient and a prepared, proactive practice team. The Chronic Care Model emphases evidence-based, planned, integrated collaborative care.

### Why a model for chronic care?

A number of studies have shown that significant improvement in health outcomes occur through systematic care of persons with chronic illnesses. Most medical practices are based on an acute model of care. With this model, care is delivered based on episodic need. The chronic care model (CCM) is based on planned visits with an informed and empowered patient, including self-management as a central element of care. To learn more about the model visit these web sites:

*www.healthdisparities.net/training_manuals_and_tools.html*

*www.ihi.org/about/*

*www.improvingchroniccare.org/about/index1.html*

*www.iom.edu/focuson.asp?id=8089*

### Motivating patients to change their behavior

What practitioner hasn't experienced a patient who doesn't follow-through on treatment recommendations? For example, less than 50% of patients with asthma take their inhaled medication as prescribed. *Am Rev Respir Dis 1992; 146:1559-64* Healthcare providers using behavioral techniques outlined by Miller and Rollnick in *Motivational Interviewing: Preparing People for Change* (Guilford Press) have reported improvement in treatment compliance. For information on motivational interviewing with special populations (adolescents with substance abuse probems, prenatal smoking cessation) the following website may offer some guidance: *http://motivationalinterview.org/clinical/special.html*

### Recognizing and treating depression in patients with diabetes

Diabetes doubles the risk for depression, which in turn may interfere with effective diabetes self-management, and is associated with hyperglycemia and with increased risk for diabetes complications. Despite its relevance to the course of diabetes and its chronic character, depression is recognized and treated appropriately in fewer than 25% of depressed diabetic patients. *Rubin RR, et al. Diabetes Reports. 2004 Apr;4(2):119-25*

# Diabetes Self-Care Trends and Hospitalizations

Many of the complications that develop from diabetes are avoidable with proper self-management and regular medical visits. Diabetes is a chronic disease that can lead to serious complications and premature death. It is serious but controllable.

The Maine Diabetes Prevention and Control Program looked at survey responses of people with diagnosed diabetes to gauge care patterns. BRFSS is a survey developed by the CDC that is used in all states and territories that measures health behaviors of adults in the population. Three years of Maine data were analyzed and showed the following trends:

- Only 57% of people with diagnosed diabetes reported checking their blood-glucose levels daily.
- 67% reported checking their feet daily for sores or irritations.
- 86% had seen a health care professional in the past twelve months for a diabetes related visit.
- Almost the same percentage had an A1c test performed within the past 12 months.
- 71% report a healthcare professional checking their feet for sores or irritations.
- 72% had an eye exam within the past 12 months.
- 25% report being told they have retinopathy.
- Only 57% have taken a course or class on diabetes self-management.
- 65% had a flu shot within the past 12 months.
- 51% have had a pneumonia vaccination.

More people in Maine with diabetes are being hospitalized. Data from Maine's hospital discharge file shows a steady increase of diabetes related hospitalizations:

| Year | Hospitalizations | Diabetes related | Percent |
|---|---|---|---|
| 2002 | 161,924 | 24,104 | 14.89% |
| 2001 | 162,283 | 23,630 | 14.56% |
| 2000 | 161,485 | 23,556 | 14.59% |
| 1999 | 158,294 | 22,201 | 14.03% |

Diabetes is a complex disease to manage. Self-Management education classes provide the needed skills and information to persons with diabetes in a supportive environment. If you would like to find out more about diabetes self-management education or need resources for persons with diabetes, contact the Maine Diabetes Prevention and Control Program at 287-5180.

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A Provider may enroll as a solo provider, group, Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Clinic.

### *PCP Site Referral Number*

One referral number (9-digits) is issued to each PCP Site that enrolls in MaineCare managed care. The referral number is uniform for all PCPs listed at your site. The referral number is used on referral forms to authorize certain services and must be entered on the claim form when billing for services of a MaineCare member enrolled in managed care. Referral forms are supplied at no cost to the PCP Site and must be used when referring a managed care member on for other specialty services that are managed.

### MaineCare Managed Care Non-Managed Services

The following services ***do not require*** a referral from the MaineCare managed care PCP. These services will remain under regular fee-for-service MaineCare:

- Ambulance Services
- Annual Gynecological Examinations and follow-up for abnormal PAP Smears
- Annual Routine Eye Exams
- Community Support Services
- Consumer Directed Attendant Services
- Day Habilitation Services for Persons with Mental Retardation
- Day Health Services
- Day Treatment Services
- Dental Services
- Early Intervention Services
- Hospital's Emergency Department Services
- Family Planning Agency Services
- Genetic Testing and Clinical Genetic Services
- Home Based Mental Health Services
- Home and Community Benefits for the Elderly and for Adults with Disabilities
- Home and Community Based Waiver Services for Persons with Mental Retardation
- Home and Community Based Waiver Services for the Physically Disabled
- Hospice Services
- ICF-MR Services
- Laboratory Services
- Licensed Clinical Social Worker Services
- Medical Imaging Services
- Mental Health Clinic Services
- Mental Health and Substance Abuse Services
- Nursing Facility Services
- Obstetrical Services
- Optician Services
- Organ Transplant Services
- Pharmacy Services
- Private Duty Nursing and Personal Care Services
- Private Non-Medical Institution Services
- Psychiatric Facility Services
- Psychological Services
- Rehabilitative Services
- School-Based Clinics and Well Child Clinics
- School-Based Rehabilitation Services
- Substance Abuse Treatment Services
- Targeted Case Management Services
- Transportation Services
- V.D. Screening Clinic Services

### MaineCare Managed Care Managed Services

The following services ***require*** a referral from MaineCare managed care PCP. PCPs are responsible for completing a referral form when patients need to access the following services:

- Advanced Practice Registered Nursing Services
- Ambulatory Surgical Center Services
- Audiology Services
- Chiropractic Services
- Clinical Services:
  Ambulatory Care Clinics
  Federally Qualified Health Centers
  Rural Health Clinics
- Developmental and Behavioral Evaluation Clinic
- Early and Periodic Screening, Diagnosis, and Treatment Services
- Hearing Aids and Services
- Home Health Services
- Hospital Services
- Medical Supplies & Durable Medical Equipment
- Occupational Therapy Services
- Ophthalmology and Optometry Services
- Physical Therapy Services
- Physician Services
- Podiatry Services
- Speech and Hearing Agencies
- Speech/Language Pathology Services

*It is important to note that the PCP Site Referral Form is separate from the MaineCare Prior Authorization process. If you need more information regarding the prior authorization process, contact MaineCare Prior Authorization Unit: 1-800-321-5557, Ext. 72033, or 1-207-287-2033.*

### *PCP Reimbursement*

PCP Sites receive a management fee of $2.50 for each MaineCare member per month enrolled in their Site. In addition to the monthly management fee, PCP Sites continue to receive the current MaineCare reimbursement for covered services.

Additionally, MaineCare PCPs fare better than other health care providers participating in the MaineCare Primary Care Provider Incentive Program (PCPIP). This is because many of the measures included in the PCPIP are related to access and preventive services.

Providers who score well in these areas get a larger share of the payment.

## Prevention And Control of Influenza

*Each year, the Advisory Committee on Immunization Practices (ACIP) provides updated recommendations on influenza vaccination. This year, the recommendations include information on influenza vaccine for children aged 6-23 months; vaccination of health-care workers with live, attenuated influenza vaccine (LAIV); personnel who may administer LAIV; the 2004-05 trivalent inactivated vaccine virus strains; and assessment of the vaccine supply and timing of influenza vaccination. More information is available at: http://www.cdc.gov/mmwr*

## BLOOD LEAD SCREENING RATES PCPIP 23

*MaineCare Lead Testing Rates among FP/GPs for the timeframe of July 1, 2002 to June 30, 2003*

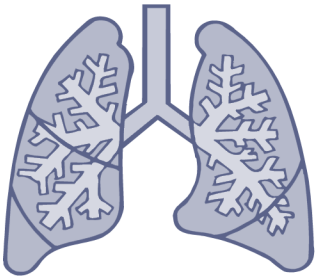
| Rank | Provider Name | Age One | % of 1 year olds with 1+ tests |
|---|---|---|---|
| 1 | DANIEL E FOWLER | 12 | 91.7% |
| 2 | ALICIA M FORSTER | 12 | 91.7% |
| 3 | TARIQ S AKBAR | 10 | 90.0% |
| 4 | D L JEANNOTTE | 22 | 86.4% |
| 5 | MICHAEL LAMBKE | 20 | 75.0% |
| 6 | GUST S STRINGOS | 29 | 72.4% |
| 7 | ANN DORNY | 24 | 70.8% |
| 8 | SUSAN CHILDS | 20 | 70.0% |
| 9 | TIMOTHY THEOBALD | 16 | 62.5% |
| 10 | HEATHER WARD | 16 | 62.5% |

| Rank | Provider Name | Age Two | % of 2 year olds with 1+ tests |
|---|---|---|---|
| 1 | ANN DORNY | 10 | 70.0% |
| 2 | D L JEANNOTTE | 15 | 66.7% |
| 3 | EUGENE P PALUSO | 22 | 59.1% |
| 4 | GUST S STRINGOS | 14 | 57.1% |
| 5 | TIMOTHY THEOBALD | 17 | 52.9% |
| 6 | CHARLES PARENT | 12 | 50.0% |
| 7 | CHARLES HINTERMEISTER | 10 | 50.0% |
| 8 | EUGENE M CHARLEBOIS | 10 | 50.0% |
| 9 | MICHAEL LAMBKE | 17 | 47.1% |
| 10 | NOAH NESIN | 13 | 46.2% |

*MaineCare Lead Testing Rates among Pediatricians for the timeframe of July 1, 2002 to June 30, 2003*

| Rank | Provider Name | Age One | % of 1 year olds with 1+ tests |
|---|---|---|---|
| 1 | ANN P SIMMONS | 51 | 90.2% |
| 2 | GAUTAM SS POPLI | 55 | 89.1% |
| 3 | THOMAS G BREWSTER | 25 | 88.0% |
| 4 | DONALD R BURGESS | 32 | 81.3% |
| 5 | ROCHESTER PED ASSOC | 10 | 80.0% |
| 6 | CONNOR M MOORE | 21 | 76.2% |
| 7 | ROBERT A BEEKMAN | 45 | 75.6% |
| 8 | ANDREA L WESTINGHOUSE | 12 | 75.0% |
| 9 | MARISA FLORES | 51 | 74.5% |
| 10 | AMELIA A BROCHU | 66 | 74.2% |

| Rank | Provider Name | Age Two | % of 2 year olds with 1+ tests |
|---|---|---|---|
| 1 | DONALD R BURGESS | 19 | 78.9% |
| 2 | NORMAN H SEDER | 23 | 73.9% |
| 3 | LESLIE D DOOLITTLE | 54 | 72.2% |
| 4 | BRIAN P YOUTH | 24 | 70.8% |
| 5 | ANDREA PHIPPS TRACEY | 16 | 68.8% |
| 6 | MARGARET R LEWIS | 54 | 68.5% |
| 7 | MICHAEL P HOFMANN | 79 | 67.1% |
| 8 | C E DANIELSON | 90 | 66.7% |
| 9 | DEBORAH L PATTEN | 15 | 66.7% |
| 10 | KIMBERLY MACDONALD | 27 | 66.7% |



# "Think TB"

**What is TB?** "TB" is short for a disease called tuberculosis. TB is spread by tiny germs that can float in the air. TB germs may spray into the air if a person with ***TB disease*** of the lungs or throat coughs, shouts, or sneezes. Anyone nearby can breathe TB germs into their lungs and get a ***TB infection***.

**How do I know if I have a TB infection?** A skin test is the only way to tell if you have a ***TB infection***. You can have a ***TB infection*** without feeling sick. The germs are sleeping in your lungs. You can take medicine to keep the germs from growing. If you don't take medicine, the TB germs may begin to grow and cause TB disease. If you have TB disease you need to take medicine to cure your TB. A nurse will bring you the medicine and the health department will pay for it.

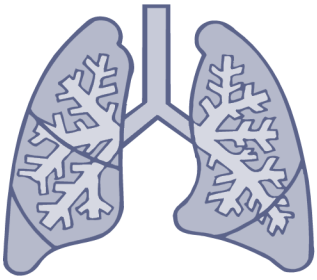
**How does the skin test work?** The test is usually done on the arm. A small needle is used to put some testing material under the skin. In two or three days, a health care worker will check to see if there is a reaction to the test. The test is "positive" if a bump about the size of a pencil eraser or bigger appears on your arm. This bump means you probably have a ***TB infection*** and need to visit a doctor.
Staff at this center can help you get a TB test. The test if free and confidential.

**How do I know if I have TB disease in my lungs?** An X-ray of your chest can tell if there is damage to your lungs from TB. Phlegm ("flem") you cough up can also be tested to see if the TB germs are in your lungs. If you have ***TB disease*** in your lungs, you may:

| | |
|---|---|
| Feel weak | Cough up phlegm ("flem"), mucus or blood |
| Lose your appetite | Lose weight |
| Have a fever | Sweat a lot at night |

**How does HIV infection affect TB?** HIV helps TB germs make you sick by attacking the germ fighters in your body. If you are infected with HIV and with TB germs, you have a very big chance of getting ***TB disease.*** Talk to your health care worker about getting an HIV test. If you have HIV infection, get tested for ***TB infection*** at least once a year.

For more information, contact the Maine TB Control Office in Augusta at 1-800-821-5821 or 207-287-5194
or visit theMaine DHS, Bureau of Health's Division of Disease Control website at *http://www.mainepublichealth.gov*



# "Think TB"

## TUBERCULOSIS

During 2003 and 2004, Maine has experienced an increase in the number of reported Tuberculosis (TB) cases.

The Maine Bureau of Health urges social service providers to "THINK TB". We encourage you to inform your staff and the people you serve about the increase in reported TB cases and provide educational materials.

Be aware that individuals who have TB may:

- feel weak
- cough a lot
- lose their appetite
- lose weight
- cough up phlegm, mucus or blood
- sweat a lot at night

And, may require a medical evaluation to determine if they have TB.

Questions or additional information, call 287-5194 or 1-800-821-5821 or access the web at Mainepublichealth.gov

For more information, contact the Maine TB Control Office in Augusta at 1-800-821-5821 or 207-287-5194 or visit theMaine DHS, Bureau of Health's Division of Disease Control website at *http://www.mainepublichealth.gov*